

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4214 -61-029176
STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED SEP 8 1961

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City, Missouri

Length of stay in 1b

10 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Wyandotte

c. CITY
OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

4129 Mission Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Nora

Middle

Cecelia

Last

Collins

4. DATE
OF DEATH

Month

August 23,

Day

1961

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-23-03

9. AGE (last birthday)

57

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY

Blind Association

11. BIRTHPLACE (City and state or country)

Hillsdale, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jeremiah P. Collins

13b. MOTHER'S MAIDEN NAME

Mary Ellen Sheehy

14. NAME OF HUSBAND OR WIFE

- - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Josephine Collins--4129 Mission Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Some Cirrhosis Liver

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour
a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-14-61 to 8-23-61 and last saw her alive on 8-23-61

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATATION, REMOVAL (Specify)

burial

23b. DATE

8-26-61

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar 1800 E. Linwood

25. DATE RECD. BY LOCAL REG.

8-24-61

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

114 Owens
Union Sta
11:00 + 12:30
Day off

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Backlemo

Licensed Embalmer No. 4573

P. O. Address H. E. Smith

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.